



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: January 12, 2011

HSS 11 033

CLINICAL ELECTRONIC MEDICAL RECORD SYSTEM

FOR

DIVISION OF PUBLIC HEALTH

Date Due: February 15, 2011

12:00 PM

ADDENDUM # 4 – Questions and Answers

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE MENTIONED RFP

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Division of Public Health

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Q#	Question	Answer
1	Can the DPH provide a more detailed breakdown of the positions for each of the categories? (ex. Nurse Practitioners, Physicians Assistants, Physical Therapists, Psychologists, Social Workers, etc.)	See "Staff Breakdown" on page 7 of this document.
2	If DHSS were to host the system, how much physical rack space is available to hold it?	Needed physical server rack space will be discussed with the selected vendor and will be dependent upon the proposed technical solution
3	If DHSS proposes to use centralized storage, how much space would be dedicated to this?	Centralized storage space will be discussed with the selected vendor and will be dependent upon the proposed technical solution
4	How much bandwidth does the Briggs Datacenter currently have, and how much does it use during peak operations?	Depending on the subnet where the application will reside, we have a 100mb or 1000mb pipe back to the core switch.
5	How many total users, individual user ID's does DHSS expect to have in the system?	approximately 220
6	What is the peak concurrent user volume DHSS expects during any one time?.	approximately 175
7	What are DHSS's SLA requirements or expectations? Should the system be configured for 24 x 7 x 365 access?	Yes, the system should be configured for 24x7x365 access.
8	How much bandwidth is available at every remote location?	The majority of DHSS sites have 10mb TLS connections
9	On average, how many unique patients does DHSS have or see per year?	approximately 17000
10	Over the next 5 years, how many unique patients does DHSS anticipate having.	approximately 10,000 - 12,000 annually
11	How many paper documents, roughly, does DHSS expect to scan into the system from pre-existing patients. This assumption should be calculated from an inability to import ANY existing patient information, using a worst case scenario.	Assuming there is no conversion of legacy data, each client will be re-established within the new system with their next visit. Based on the following: approximately 51,000 visits/year = 1 service sheet/visit to be scanned; 51,000 items to be scanned on an annual basis with the caveat that additional items will be scanned depending on the service the client receives, treatments, referrals, etc. Actual numbers are unknown and impossible to predict.
12	If DHSS selects a ASP or hosted solution, would DHSS be able to retain 2 servers to host their copy of the offsite backup?	Yes, the state has the ability to retain 2 servers to host a copy of the off-site backup if this is part of the selected solution.
13	Does each remote site have at least two different ISP's, or at minimum one with a SLA?	No, each site does not have at least two different ISP's, or at minimum one with a SLA
14	How do the remote sites link back to the Briggs Data Center? If VPN Spokes, would DHSS add additional tunnels to a hosted partner if the system was a ASP or Hosted solution for security?	DHSS sites connect back via 10mb TLS circuit
15	What are the expectations of uptime with regards maintenance periods with a ASP or hosted model?	The expectations are that the system will have uninterrupted up time from 7:30-am-7:30pm, Monday through Friday, except in the case of a Public Health Emergency which triggers the State Health Operations Center (SHOC). In the event of a

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		SHOC event, the system will be up and running for the duration of the SHOC event. Maintenance should be done during non-business hours.
16	Does DHSS want to mirror information between the Test and Production environment with a single flow from Production to Test?	Yes.
17	Will DHSS provide complementary technology equipment beyond the central servers and software such as scanners, tablets, thin clients, printers or is that not part of this proposal? If yes, what makes and models are currently used?	The procurement of additional complimentary technology equipment is not part of this proposal however necessary equipment recommendations can be made within the vendor proposal. The current makes and models of the equipment on hand is not readily available but will be presented at the appropriate time.
18	Should inbound and outbound faxing from/to the EHR be provided? How many lines?	It is not a mandatory requirement to accept inbound/outbound faxes; however, if the proposed application offers such service, it will be considered.
19	Why is there discussion of interfaces within the RFP (1.4.4.1), (4.1.1 P), (4.1.2 F) with the existence of a fully functioning Health Information Exchange within the State (HIE) in the Delaware Health Information Network that should be used for all data exchange?	Our goal is to have a fully integrated Public Health system that serves our internal stakeholders, other State agencies, as well as external stakeholders. Not all programs and agencies will have a need to, nor intend to, interface with the Delaware Health Information Network (DHIN). Therefore, our goal of interoperability must take into consideration exchange of data with or without an interface with DHIN.
20	Is there an RFP preference to house the system centrally or remotely or should responses to the RFP offer alternatives and estimated pricing for each?	DHSS's preference is to centrally house the system at the Biggs Data Center. Any solution should supply cost estimates for all needed hardware/software regardless of the hosting location. Any additional specifics will be discussed with the selected vendor.
21	Is there a preference for separate hardware and software purchasing and project management and implementation services from a chosen partner or preference for RFP responses to be single source?	There is no preference at this time.
22	What is the desired project timeline to go live of all phases of the EHR?	By cob July 31, 2011 for the Clinical EMR phase. This proposal does not address the requirements of a fully functioning Electronic Health Record. Additional phases will be addressed in future projects.
23	Is this project a funded project or will funds need to be procured?	Funds have been procured for this phase.
24	Will the State consider letting the vendors ask additional questions after the bidders conference if new information is learned?	Yes, but only if questions are forwarded to patricia.burke@state.de.us by 4:30pm, EST, 1/14/11.
25	4.4-10 What is the typical cost of the criminal background check that is required for key staff?	Between \$75 and \$90.

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26	What funding sources does the State intend to use for this project?	Currently using grant funding for this phase of the project; additional funds may be procured from a State funding source if necessary.
27	Section 4.15.5 speaks about conversion of legacy data. Please provide further detail regarding the data to be converted, including, if possible, record layouts and quantities for each data source.	For this phase, there is no plan to perform a complete conversion of data from the legacy system to the EMR. JAD session discussions will address a conversion option, but if decided upon, will be handled as a separate project with a separate funding source.
28	Section 3.2, State Staff Participation, seems to indicate that the State will not be responsible for data clean-up in regards to conversion. Please clarify the State's role in any required clean up of data in legacy systems and the State's expectations regarding the vendor's responsibility to clean legacy data either from within a legacy system or outside of it.	A conversion effort, if needed, will be handled as a separate project and requirements will be addressed at that point. State staff will be responsible for addressing data anomalies as part of their data entry start up.
29	Section 1.3 states that the primary goal is to procure and implement Commercial Off the Shelf (COTS) software, yet Section 8 (Ownership Rights) of Appendix A, General Terms and Conditions, requires that the State shall retain ownership rights to all materials including software and that these rights will not be subject to limitation in any respect. Please clarify the State's willingness to license, rather than own, any COTS software provided as part of any deliverables of this project.	The State is willing to address this situation as part of contract negotiations.
30	Pg 21, 4.7 Performance - "Future capacity and response time needs must be evaluated and accepted" - Can DHSS please specify the capacity and response time expectations?	Clinical Operations management will outline their retention and archiving policies during JAD sessions. Regarding response times, the system shall provide response times that allow staff to efficiently process data entry requests without delay even during peak usage times state-wide. Service level agreements will be documented and agreed upon in writing between chosen vendor and project team prior to system implementation sign-off.
31	Pg 21, 4.7 Performance - "Future capacity and response time needs must be evaluated and accepted" - Can DHSS share their future expectations too or perhaps a vision of the future?	As discussed at the pre-bid meeting, this particular proposal addresses the Clinical EMR implementation only. Our goal is to have a fully integrated Public Health system that serves our internal stakeholders, other State agencies, as well as external stakeholders. Future phases will be addresses as funds become available.
32	Pg 32, 4.14.5 Conversion - "... as well as scanning physical file documentation" - Does DHSS expect the winning bidder to perform the physical scanning? If so, what are the expected timeframes to complete the scanning? And, can DHSS please specify the volumes, locations, and related characteristics of the physical files that need to be scanned?	The vendor will not be responsible for performing the actual scanning.

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33	Pg 49, Section 7.6 Funding "This contract is dependent upon the appropriation of the necessary funding." - What is the source of the funding?	This piece is fully funded with grant money already received.
34	Pg 49, Section 7.6 Funding "This contract is dependent upon the appropriation of the necessary funding." - Where on DHSS prioritized project list does this project rank?	This is considered a top project for DPH.
35	Pg 49, Section 7.6 Funding "This contract is dependent upon the appropriation of the necessary funding." - Has this project been prioritized as the most important project for DHSS for 2011?	This has been deemed a critical DPH project.
36	Can the RFP be distributed in MS Word format?	The RFP cannot be distributed in MS Word format to insure that no changes are made to the document outside of DPH.
37	There is a discrepancy with the RFP document. Section 6.1.4 and 6.2.1 vs. Appendix G are present conflicting statements regarding a proposal expiration date. The first 2 sections refer to proposals being valid until February 12, 2012 and section G refers to the proposals being valid for 180 days.	By the inclusion in this addendum, Section G will be updated to match sections 6.1.4 and 6.2.1. The date should be February 14, 2012.
38	Can an ASP solution be included in the same proposal as a Hosted solution?	No. Each solution should be presented in separate proposals.
39	Does the project timeline include the 90 warranty period or will that begin after implementation on July 31st?	The 90 warranty period is not included in the project timeline. Warranty will begin on August 1, 2011
40	Does DPH anticipate an increase in the number of users?	No.
41	If DPH chooses an ASP solution, would DPH consider hosting it off-site?	The possibility would have to be explored, researched, and approved.
42	Is there any possibility that the EMR may be expanded down the road to include additional Divisions?	Expansion could be a possibility but one that is explored in the future.
43	Is DPH willing to consider a non-COTS solution or a Software As A Solution (SAAS)?	SAAS will be considered but would have to be presented in the proposal.
44	Would DPH consider using a System Integrator for help find an EMR solution?	DPH will not consider using a System Integrator for this project.
45	Would DPH consider a contractor agreement? For example, If the vendor submits a proposal, they will in turn use a subcontractor to do the work.	It would be considered. However, the subcontractor must be identified and held to the same RFP standards as all other vendors.
46	Is it necessary to include the cost of scanners in the proposals?	It is not necessary to include scanner costs in the proposals.
47	Does the CORE COMPONENTS section of the RFP address the needs of all programs within DPH?	The CORE COMPONENTS section of the RFP addresses the technology needs of our Clinic Operations.
48	Are the technology needs of the Department of Corrections included in this RFP?	The Department of Corrections is a separate division and their technology requirements are not included in this RFP.

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49	Will DPH have a core group of UAT testers or will personnel change during different aspects of UAT?	There will be core group of "super users" that will perform UAT. There may be a need to add in additional personal for testing concurrent usage of the application state-wide. The "super users" will act as trainers and will be assigned throughout the State to assist in the state-wide testing.
50	Can a POC list be distributed to the vendors?	After the pre-bid meeting, all questions and comments must be directed to bruce.krug@state.de.us for administrative or procedural questions or to patricia.burke@state.de.us for RFP content questions but only until January 14, 2011.
51	Is the project plan required to be in .mpp format?	The project plan must be in a format that is easily opened, such as HTML but it is preferred that it be in .mpp format.
52	How will the notification of demos be communicated?	By inclusion in this addendum to RFP HSS 11 033, bidders are notified that if a vendor is selected to present a demo, that they must be ready and available to present on either February 21 or 22. It is anticipated that some vendors may receive such notification on very short notice and therefore should be prepared to present on such short notice. For those vendors who are located within a reasonable driving distance to DPH, a WebEx arrangement will be offered to the vendor for their demonstration.
53	When is the expected implementation date?	The implementation date for this project is July 31, 2011.
54	Is software certification required?	RFP Section 1.3 outlines Goals and Objectives and lists an item, "DHIN certified or willingness to become DHIN certified." In addition, Appendix N outlines the DHIN E.H.R. Readiness Assessment that should be used as a guide for certification.

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Clinical Staff Breakdown as of July 1, 2010

Position	Headcount
Accounting Specialist	1
Administrative Specialist	23
Advanced Practice Nurse	16
Clinic Aide	3
Clinic Manager	4
Data Entry Clerk	1
Health Educator/Trainer	4
Health Program Representative	12
Interpreter	5
Lab Technician	1
Licensed Practical Nurse	3
Medical Records Technician	3
Nurse	43
Nursing Supervisor	8
Nutritionist	24
Operations Support Specialist	3
Pediatrician	1
Social Service Technician	42
Social Services Specialist	5
Social Worker	12
Supervisor	2